

Individual Development Plans

Within two weeks of the performance appraisal discussion session, an IDP must be prepared for all permanent employees. The following are a couple of IDP tips to remember:

A new IDP does not have to be prepared each year; the current IDP may be merely updated instead.

IDPs are not limited to only formal and on-the-job training. IDPs should also include such self-development activities as:

Reading material related to the work of the position. Self-directed learning such as watching videos, reading books, listening to cassettes, etc. that are related to the employees performance.

INDIVIDUAL DEVELOPMENT PLAN			
<u>1. EMPLOYEE'S NAME (Last, first, initial)</u> Wilson-Voss, Lori L.		<u>4. DESCRIPTION OF WORK ASSIGNMENTS</u> <u>A. Current Performance Elements Identified for Development/Training</u> Computer operations and telecommunications Resource management plan/budget Supervises employees in an unbiased work place and fosters teamwork	
<u>2. CURRENT POSITION TITLE</u> Supervisory Program Assistant		<u>B. Projected/Potential Assignments</u> Monitors NCRPIS expenditures accurately Prepares manuscripts, correspondence, etc. accurately and promptly	
<u>3. ORGANIZATIONAL NAME AND LOCATION</u> USDA-ARS Plant Introduction Station Iowa State University Ames, IA 50011			
<u>5. Performance Related Knowledge, Skills, and Abilities</u> Knowledge of computer spreadsheets. Knowledge of computer operations. Improve supervisory skills		<u>6. Development Work Experiences (On-the-job assignments, Self development)</u> Read and study manuals for Excel. Practice by completing exercises and tutorials in manuals and workbooks. Use up-to-date versions of software. Develop a better understanding of computer operations through working with other staff members and agency personnel. Read and study "The Seven Habits of Highly Effective People".	<u>7. Formal Training (Courses, Seminars)</u> Utilize on-line computer courses. Attend training of RTS at NADC. Attend related short courses at ISU.
<u>8. The supervisor and employee have completed the IDP process and have determined that no training or development needs are indicated at this time.</u>		<u>9. SIGNATURE and DATE</u>	
		<u>EMPLOYEE</u>	<u>SUPERVISOR</u>
		<u>APPROVING OFFICIAL</u>	

Form AD-435, Performance Appraisal Form, is used for ARS permanent employees and those appointed initially for longer than one year require an annual performance review. To be rated an employee must have been in his/her position and under performance standards for 90 days or more. Technicians (Categories 5 and 7), Wage Grade (Category 8), Student Temporary Employment Program (STEP) and Student Career Experience Program (SCEP), and Clerical/Secretarial (Category 9) are rated from April 1-March 31 each year. Research Scientists (Category 1), Support Scientists (Category 3), Service Scientists (Category 4), Research Associates/Affiliates (Category 2), and Specialists (Managerial, Advisory, or Administrative) (Category 6) are rated January 1-December 31 each year. A very complete Midwest Area Timetable for Completion of Appraisals is sent out from the Area Office each appraisal cycle. This timetable lists the various deadlines involved with completion of the AD-435 forms and any award forms needed in conjunction with Performance ratings (Fully Successful, Superior and Outstanding).

Performance Evaluation Process Summary

- I. The electronic AD-435 can be downloaded from www.afm.ars.usda.gov/divisions/hrd/hrdhomepage/wpforms.htm
- II. Employees are to prepare documentation (limit of three pages, 12 pt, Times New Roman font, 1 inch margins) of last year's accomplishments. List the element with "bullet" statements to document accomplishments.
- III. Supervisors are to "annotate" the document that the employees prepared, to indicate their evaluation of the accomplishments, either within the document or as a separate page. The Supervisor's documentation should not exceed one page for a total of four pages.
- IV. The Supervisor will then complete the draft electronic AD-435 using the documentation in step 3 and if a scientist, include the ARS-115 Detail by Author Report from ARIS.
- V. The Supervisor will submit the electronic AD-435 and the documentation to the Area Office by e-mail to Lisa Gettinger (lgettinger@mwa.ars.usda.gov) by the date indicated from the Area Office.
- VI. Research Leaders/Non-SES Center Directors that report directly to the Area Director are to complete the document identified in step two above and an electronic AD-435 with the elements listed to the Area Office by e-mail to lgettinger@mwa.ars.usda.gov by the date indicated from the Area Office.
- VII. The Area Director as the Reviewing/Rating Official will review the material provided and after consultation with the supervisor, if necessary, sign and date the AD-435 and will e-mail the Supervisor their concurrence by the date indicated from the Area Office.
- VIII. The Supervisor will complete the evaluation process in discussions with the employees.
- IX. The Supervisor will return the following to the LAO: Completed and signed (hardcopy) AD-435, copy of Standards along with performance documentation, Award Forms if appropriate, and a copy of the new Performance Standards signed by the employee and supervisor.
- X. The LAO will consolidate the material and forward to Deb Agee in the Area Office by the date indicated from the Area Office.
- XI. The Area Director will sign the AD-435 using the date that the draft was signed. The Award Forms and the new Performance Standards will be signed with the current date.
- XII. The Area Office will forward the AD-435 and Award Forms to HRD for processing and return the signed Performance Standards to the LAO's.

Completion of Performance Appraisal Forms (AD-435P)

- A. Performance Appraisal form (AD-435P) can be downloaded (save as Word Perfect or Word) from the following web site address:
www.ars.usda.gov/afm2/divisions/hrd/hrdhomepage/wpforms.htm
- B. The employee listing will identify those employees who require ratings this cycle and will provide the employee information necessary to complete the upper section of each AD-435P. The numbers next to the headings on the employee listing correspond to the blocks on the blank AD-435P that need to be completed. Type 03-4860 in block 13 of the AD-435. Once the form is completed and printed, each individual AD-435P should be saved to disk and retained for use in future performance cycles. The disk will contain sensitive information, please keep the disk in a secure place and/or password protect the documents in your system.
- C. After the rating and reviewing official have signed the AD-435P, the performance discussion has taken place and the employee has signed their AD-435P, a copy needs to

be made for the employee and a copy should be retained in the supervisor's records.

United States Department of Agriculture Performance Appraisal		1 Social Security No. 123456789	2 Position Number 000WXXXX	3 Pay Plan GS	4 Occup.Series 0404
5 Name (Last, First, Middle Initial) SINATRA, NANCY		6 Grade/Step or Pay Level 02/01		7 Appraisal Period From: 04/01/2003 To: 03/31/2003	
8 Official Position Title BIOCL SCI AID		9 Organization Structure Code 03 30 36 3625 12 00 00 00			
10 Duty Station 03 30 36 3625 12 00 00 00	11 Funding Unit	12 Agency Use		13 NFC Use	
<div> <div> Instructions Blocks 1 through 10, completed by NFC, should be reviewed and, If necessary, corrected. Block 11. Enter funding unit number. Block 14. Enter brief description of performance elements. Block 15A. Check performance elements identified as critical. Blocks 15B, 15C, 15D. Rate actual performance by entering 2 for critical elements and 1 for non-critical elements in appropriate column. </div> <div> Blocks 15E, 15F, 15G. Enter total of each column. Block 15H. Enter total from 15E, 15F, and 15G. Block 16A. Check off the correct summary rating described in decision table (16B). Blocks 17 through 22. Self-explanatory. </div> </div>					
14 Performance Elements		15A Critical Element (/)	15B Exceeds Fully Successful	15C Meets Fully Successful	15D Does Not Meet Fully Successful
1) ASSISTS WITH FIELD AND LAB WORK		X			
2) MONITORS SUPPLIES					
COOPERATIVE INTERACTION WITH CURATORS AND OTHER 3) STAFF/TEAMWORK		X			
4) SUPPORTS AND PARTICIPATES IN SAFETY, EMPLOYEE HEALTH AND ENVIRONMENTAL PROTECTION PROGRAMS		X			
5)					
6)					
7)					
8)					
9)					
10)					
16B <u>Decision Table (check off Summary Rating in block 16A)</u> Rating of Outstanding if 15E equals 15H.. Rating of Unacceptable if any critical element is rated in 15D. Rating of Superior if no element is rated in 15D; 15F is greater than zero; and 15E is greater than 15F. Rating of Marginal if 15G is greater than 15E, and no critical element is rated 15D. Rating of Fully Successful if none of the above apply.			15E Exceeds	15F Meets	15G Does Not Meet
			15H Enter Total (15E + 15F + 15G = 15H) 15H		
			16A Summary Rating (See Decision Table in 16B) <input type="checkbox"/> Outstanding <input type="checkbox"/> Superior <input type="checkbox"/> Fully Successful <input type="checkbox"/> Marginal <input type="checkbox"/> Unacceptable		
17 Employee - <u>Standards of Conduct and Ethical Responsibilities</u> (Check off appropriate boxes) a I have a copy of the Government wide standards of ethical conduct and any USDA and agency supplemental regulations governing conduct <input type="checkbox"/> YES <input type="checkbox"/> NO b I attended the required annual ethics training. <input type="checkbox"/> YES <input type="checkbox"/> NO					
18 Employee's signature Date If employee did not sign, state reason. (Instructions for resolutions of disputes are on Page 2)					
19 Supervisor's Signature Date		20 Reviewer's Signature Date			
21 Approving Official's or Funding Unit Manager's Signature (optional) Date					

DETAIL BY AUTHOR REPORTS

The following instructions are to be used by the MU Secretary to develop the Detail by Author Report, which will be used at appraisal time for Cat 1,2, 3, 4. A copy of the Detail by Author Report is to be attached to all Performance Appraisal forms of Category 1, 2, 3, and 4 scientists.

The following ARS instructions begin from the Main Menu:

1. Research Documentation
2. Reports
3. 115 Author Reports
4. Insert approval dates (e.g.: 01/01/2002:12/31/2002) and author's last name.
5. Click on Query
6. When list is created, click on Action.
7. Mark all records then click on Reports.
8. Select Detail by Author

Performance Standards

CHECKLIST FOR PREPARING PERFORMANCE STANDARDS

Performance plans should be developed for each employee within 30 days of the beginning of the appraisal period or within 30 days of hire. The following are some reminders for establishing a performance plan.

1. Check the employee's position description for accuracy; the major duties in the position description should be included in the performance plan as critical elements. Accomplishment of organizational objectives and goals can be included in Performance Plans.
2. Employee participation in developing the plan is desirable. However, the rating and reviewing officials have the final responsibility for establishing the performance plan.
3. There must be at least three, but no more than ten, elements.
4. At least one element must be critical, and at least one element must be noncritical.
5. Standards should be as objective as possible.
6. Each employee whose position is classified as a supervisor, with supervisory in their title, must have a separate performance element(s) that addresses EO/CR. (Positions classified as supervisor usually include the term Supervisory, Supervisor, Manager, Officer, or Administrator in the title.)
7. All nonsupervisory employees' performance plans must include (in at least one of the critical elements) the responsibility for demonstrating a commitment to EO/CR. Remember, nonsupervisory employees also include those individuals who have limited supervisory responsibilities (such as, supervision of one technician or student, team leaders, etc.).
8. All employees with health, safety, environmental protection, and/or energy management responsibilities should have an element and standard in their performance plan that address these responsibilities.
9. The performance plan must be signed by the employee, the supervisor, and the reviewing official (normally, the second-line supervisor). The employee should then receive a copy of the approved plan.

REMINDER!

There must be at least one documented progress review during the appraisal period. The documentation can be a note on the performance plan that the discussion took place and the date of the discussion initialed by employee and supervisor.

Request for Personnel Action--SF-52

Request for Personnel Action (SF-52) is required for any recruits, new hire, work schedule changes, termination, retirement, promotion, or reclassification. If the action is included in the ARMPs, the supervisor signs Block 5 (action requested) and the RL signs Block 6 (Action authorized). If the action is not included in the ARMPs, then the supervisor and RL both sign in Block 5 and the AD signs Block 6. Everyone in the supervisory chain should sign SF-52s.

For additional guidance on preparing SF-52s refer to <http://www.afm.ars.usda.gov/divisions/hrd/hrdhomepage/index.htm> From the home page click on "Topical Index". From the Topical Index page you need to click on "P" for Preparing SF-52s which takes you to a list where you click on "Preparing Requests for Personnel Actions." This page has several options you can choose from to get the instructions needed. Also on this page is "Glossary of Terms and Supplemental Information" which is an excellent reference tool.

ANNUAL LEAVE AND CREDIT LEAVE REMINDERS WHEN LEAVING

Annual Leave - Employees can't use annual leave on their last working day with the Federal government. The Lump Sum Annual Leave Act of 1954 prohibits the use of annual leave on the last day of work when it is known that the employee is separating from the Federal government. However, an employee can use compensatory time, credit hours, or sick leave and not violate the law.

Credit Leave - Employees should be encouraged to use all credit time before separating from the Federal government. Because credit time must be paid via a manual payroll/personnel system rather than a computerized payroll/personnel system, the National Finance Center bills ARS \$50.00 each time a separating employee must be paid for credit time. Even if only 15 minutes of credit time must be paid, ARS is billed \$50.00. (These charges are paid from a central fund-not the specific management unit.) Therefore, especially if the employee doesn't have many hours of credit time accumulated at the time of separation, it would be very beneficial if they would consider using them before separating.

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Actions Requested PROMOTION (SEE PART D)		2. Request Number Get # from LAO	
3. For Additional Information Call (Name and Telephone Number) Supervisor Name and Number		4. Proposed Effective Date Insert Date Here	
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Research Leader Name, Title, and Date of Signature		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
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FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number						15. TO: Position Title and Number Title of Posn Posn Number					
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay		12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay		20A. Basic Pay		20B. Locality Pay	20C. Adj. Basic Pay	20D. Other Pay	
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization AGRICULTURAL RESEARCH SERVICE FIELD ORGANIZATION (INSERT YOUR NUMBER HERE) MIDWEST AREA (PEORIA, IL) NAME OF YOUR UNIT HERE CITY, STATE					

23. Veterans Preference 1 - None 3 - 10-Point Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure 0-None 2-Conditional 1-Permanent 3-Indefinite		25. Agency Use		26. Veterans Preference for RIF. YES NO	
27. FEGLI						28. Applicant Indicator		29. Pay Rate Determinant		30. Retirement Plan	
31. Service Comp. Date (Leave)						32. Work Schedule		33. Part Time Hours Per Biweekly Pay Period		34. Position Occupied	

35. FLSA Category E-Exempt N-Nonexempt						36. Appropriation Code		37. Bargaining Unit Status			
38. Duty Station Code						39. Duty Station (City - County - State or Overseas Location) CITY - COUNTY - STATE					

40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1 - USA 8 - Other	50. Veterans Status	51. Supervisory Status

PART C--Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date

CONTINUED ON REVERSE SIDE

Editions Prior to 7/91 are not usable after 6/30/93.

PART D--Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?

(If "Yes", please state these facts on a separate sheet and attach to SF 52.)

☐

YES

NO

Remarks regarding promotion should be inserted here.

PART E--Employee Resignation/Retirement**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations

with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date

3. Your Signature

4. Date Signed

5. Forwarding Address (Number, Street, City, State, ZIP Code)

PART F--Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Actions Requested RESIGNATION	2. Request Number Get # from LAO
3. For Additional Information Call (Name and Telephone Number) Supervisor Name and Number	4. Proposed Effective Date Last day of employment
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Research Leader Name, Title, and Date of Signature	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date								
FIRST ACTION		SECOND ACTION									
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action								
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority								
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority								
7. FROM: Position Title and Number Title of Posn Posn Number		15. TO: Position Title and Number									
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Pay	20C. Adj. Basic Pay	20D. Other Pay				
14. Name and Location of Position's Organization AGRICULTURAL RESEARCH SERVICE FIELD ORGANIZATION (INSERT YOUR NUMBER HERE) MIDWEST AREA (PEORIA, IL) NAME OF YOUR UNIT HERE CITY, STATE						22. Name and Location of Position's Organization					

EMPLOYEE DATA

23. Veterans Preference 1 - None 2 - 5-Point 3 - 10-Point Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF. YES NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status			
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) CITY - COUNTY - STATE					
40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1 - USA 8 - Other	50. Veterans Status	51. Supervisory Status

PART C--Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date

CONTINUED ON REVERSE SIDE

Editions Prior to 7/91 are not usable after 6/30/93.

PART D--Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
(If "Yes", please state these facts on a separate sheet and attach to SF 50.)

NO

☐

YES

PART E--Employee Resignation/Retirement**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations

with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date

3. Your Signature

4. Date Signed

5. Forwarding Address (Number, Street, City, State, ZIP Code)

PART F--Remarks for SF 50

Position Description Cover Sheet -AD-332

A position description cover sheet (Form AD-332) must accompany all position descriptions going forward to Personnel. The supervisory signs Block 19. Type information into Block 21.

If a standardized PD is being used, a copy of the AD-332 accompanying the standardized PD must be used because it has the classification of the description documented in Blocks 11 through 17. Only when nonstandardized Pds are used should "original" AD-332s be used.

REASON FOR THIS POSITION						POSITION DESCRIPTION COVER SHEET	
1. NEW	2. IDENTICAL ADDITION TO THE ESTABLISHED PD NUMBER	3. REPLACES PD NUMBER					
RECOMMENDED							
4. TITLE					5. PAY PLAN	6. SERIES	7. GRADE
8. WORKING TITLE					9. INCUMBENT <i>(Optional)</i>		
OFFICIAL							
10. TITLE							
11. PP	12. SERIES	13. FUNC	14. GRADE	15. DATE	16. I/A		17. CLASSIFIER
GS	404		03	MONTH/DAY/YEAR	YES NO		MS
				4/22/2002			
18. ORGANIZATIONAL STRUCTURE <i>(Agency/Bureau)</i>							
1st				5th			
2nd				6th			
3rd				7th			
4th				8th			
SUPERVISOR'S CERTIFICATION							
I certify that this is an accurate statement of the major duties and responsibilities of the position and its organizational relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds and that false or misleading statements may continue violations of such statute or their implementing regulations.							
19. Supervisor's Signature			20. Date		22. Second Level Supervisor's Signature		23. Date
21. Supervisor's Name and Title				24. Second Level Supervisor's Name and Title			
FACTOR EVALUATION SYSTEM							
FACTOR	25. FLD/BMK	26. POINTS	FACTOR	25. FLD/BMK	26. POINTS		
1. Knowledge Required	FLD 1-3	350	6. Personal Contacts	1			
2. Supervisory Controls	FLD 2-1	25	7. Purpose of Contacts	A	30		
3. Guidelines	FLD 3-1	25	8. Physical Demands	FLD 3-2	20		
4. Complexity	FLD 4-1	25	9. Work Environment	FLD 9-2	20		
5. Scope and Effect	FLD 5-1	25	27. TOTAL POINTS				27. 520
28. GRADE							28. GS-3
CLASSIFICATION CERTIFICATION							
I certify that this position has been classified as required by Title 5, US Code, in conformance with standards published by the OPM or, if no published standard applies directly, consistently with the most applicable published standards.							
29. Signature /S/ MARILYN STETKA					30. Date 4/22/2002		
31. Name and Title MARILYN STETKA, HUMAN RESOURCES SPECIALIST (CLASSIFICATION)							
32. Remarks FLSA: N Nonsensitive/low risk FPL: Standard Job #404-03					33. OPM Certification Number		